

Research Day at the State Capitol - March 29, 2016

ACKNOWLEDGEMENT AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I, _____ hereby accept the financial support in the amount of
First Middle Last Name
\$250.00 stipend, offered to me by the Oklahoma EPSCoR program. I also acknowledge and understand that, in accepting this support, I am obligated to repay expenses incurred on my behalf if I do not fulfill my responsibility associated with this award (i.e., If I do not complete the work associated with stipend monies and present such work at Research Day, then I will be responsible for repaying the stipend dollars received by me.)

Signature

Date

Permanent Mailing Address (not campus address)

City State Zip Code +4

Social Security Number

Phone Number

E-mail Address

Institution Represented

INSTITUTION ACKNOWLEDGEMENT

As a designated representative of _____, I, _____
(Institution) (Faculty Sponsor Name)
acknowledge that the above student/faculty member represents the above named institution. I also acknowledge that this institution will accept full responsibility for the collection of and/or for the reimbursement of expenses incurred on behalf of the above named individual in the event that this individual cannot fulfill the responsibility associated with this award.

Signature of Faculty Sponsor

Date

Position Title

Phone Number

E-mail Address

Original with signatures must be returned to: Oklahoma State University
Oklahoma EPSCoR
Attention: Becky McIntire
415 Whitehurst Hall
Stillwater, OK 74078-3032

This completed form must be returned with accompanying signatures before stipends may be processed.
Questions? Contact Gina Miller, Outreach Coordinator, at 405.744.7645 or gmillers@okepscor.org